



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

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D4364-043

Job Sheet 201549



Part No: D4364-043

Job Qty: 2 pcs

Part Name: Run-on Landing Wearplate Aft



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 10/7/19

Job Tracking No:

Created By: Marie Lajeunesse

Due Date: 10/31/19

Description:

Type: Stock *10/31/19*

Note: DWG REV C IPP REV:A 11.04.11 NEW ISSUE DD VERF:EC IPP REV:B 14.04.22 DWG B DD VERF:JLM IPP  
REV:C 15.10.16 PER DWG REV.C1 DD VERF:JLM IPP REV:D 16.06.17 DWG.C DD VERF:JLM

Ship Via:

## Bill of Materials

## Job Routing

| Op No | Operation                 | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier      |           | Sign-off  |
|-------|---------------------------|-------|------------|----------|-----------|---------|--------------------------|-----------|-----------|
|       |                           |       |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier    | Lead Time |           |
| 150   | Large Fab - Welded Assy-1 | 2 pcs | 10/31/19   | 10/31/19 | 0.00      | 5.13    | Large Fab - 1            |           | <i>MJ</i> |
|       |                           |       |            |          |           |         | Large Fab - 10           |           |           |
|       |                           |       |            |          |           |         | Large Fab - 2            |           |           |
|       |                           |       |            |          |           |         | Large Fab - 3            |           |           |
|       |                           |       |            |          |           |         | Large Fab - 4            |           |           |
|       |                           |       |            |          |           |         | Large Fab - 5            |           |           |
|       |                           |       |            |          |           |         | Large Fab - 6            |           |           |
|       |                           |       |            |          |           |         | Large Fab - 7            |           |           |
|       |                           |       |            |          |           |         | Large Fab - 8            |           |           |
|       |                           |       |            |          |           |         | Large Fab - 9            |           |           |
|       |                           |       |            |          |           |         | Large Fab - 11 (Various) |           |           |
| 160   | QC 9                      | 2 pcs | 10/31/19   | 10/31/19 | 0.00      | 0.00    | QC 9 - 10                |           | <i>B</i>  |
|       |                           |       |            |          |           |         | QC 9 - 18                |           |           |
|       |                           |       |            |          |           |         | QC 9 - 24                |           |           |
|       |                           |       |            |          |           |         | QC 9 - 43                |           |           |
|       |                           |       |            |          |           |         | QC 9 - 50                |           |           |
|       |                           |       |            |          |           |         | QC 9 - 9                 |           |           |
|       |                           |       |            |          |           |         | QC 5 - 10                |           |           |
|       |                           |       |            |          |           |         | QC 5 - 12                |           |           |
|       |                           |       |            |          |           |         | QC 5 - 17                |           |           |
|       |                           |       |            |          |           |         | QC 5 - 18                |           |           |
|       |                           |       |            |          |           |         | QC 5 - 19                |           |           |
|       |                           |       |            |          |           |         | QC 5 - 22                |           |           |
|       |                           |       |            |          |           |         | QC 5 - 24                |           |           |
|       |                           |       |            |          |           |         | QC 5 - 3                 |           |           |
|       |                           |       |            |          |           |         | QC 5 - 43                |           |           |
|       |                           |       |            |          |           |         | QC 5 - 49                |           |           |
|       |                           |       |            |          |           |         | QC 5 - 51                |           |           |
|       |                           |       |            |          |           |         | QC 5 - 58                |           |           |
|       |                           |       |            |          |           |         | QC 5 - 68                |           |           |



Container No: S229412



rD4364-043

b No: 201549

rial No/Batch: S229412

rison:  
ector:

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Plex 10/7/19 11:00 AM Dart.lajeunesse.marie

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|                                                                                                                                                                                                                                                                                                                                                                        |                |              |                               |                        |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|-------------------------------|------------------------|------|
|                                                                                                                                                                                                                                                                                                                                                                        |                |              |                               | Packaging 3 - 27 - B4B |      |
|                                                                                                                                                                                                                                                                                                                                                                        |                |              |                               | Packaging 3 - 28 - B4B |      |
|                                                                                                                                                                                                                                                                                                                                                                        |                |              |                               | Packaging 3 - 29 - B4B |      |
|                                                                                                                                                                                                                                                                                                                                                                        |                |              |                               | Packaging 3 - 30 - B4B |      |
|                                                                                                                                                                                                                                                                                                                                                                        |                |              |                               | Packaging 3 - 31 - B4B |      |
|                                                                                                                                                                                                                                                                                                                                                                        |                |              |                               | Packaging 3 - 32 - B4B |      |
|                                                                                                                                                                                                                                                                                                                                                                        |                |              |                               | Packaging 3 - 33 - B4B |      |
|                                                                                                                                                                                                                                                                                                                                                                        |                |              |                               | Packaging 3 - 34 - B4B |      |
|                                                                                                                                                                                                                                                                                                                                                                        |                |              |                               | Packaging 3 - 35 - B4B |      |
|                                                                                                                                                                                                                                                                                                                                                                        |                |              |                               | Packaging 3 - 36 - B4B |      |
| 210 QC 21 - SA                                                                                                                                                                                                                                                                                                                                                         | 2 pcs          | 10/31/19     | 0.00 0.00                     | QC 21 - SA - 21        | DAS  |
|                                                                                                                                                                                                                                                                                                                                                                        |                |              |                               | QC 21 - SA - 70        | 21   |
|                                                                                                                                                                                                                                                                                                                                                                        |                |              |                               | QC 21 - SA - 53        | 9-53 |
| Part Op 150 - (Weld per dwg A/R S.S. rod Batch: <u>M136598</u> )<br>Descriptions: 160 - (QC9- Inspect visual per QSI004- Fusion Welds)<br>170 - (QC5- Inspect part completeness to step on W/O)<br>190 - (QC5- Inspect part completeness to step on W/O)<br>200 - (Identify as per dwg & Stock Location: _____)<br>210 - (QC21- Final Inspection - Work Order Release) |                |              |                               |                        |      |
| 180- Rockguard 5217452                                                                                                                                                                                                                                                                                                                                                 |                |              |                               |                        |      |
| <b>Job BOM</b>                                                                                                                                                                                                                                                                                                                                                         |                |              |                               |                        |      |
| Part / Item                                                                                                                                                                                                                                                                                                                                                            | Component Name | Quantity     | Operation                     | Container              |      |
| D4364-3                                                                                                                                                                                                                                                                                                                                                                | Plate          | 2 pcs (1 ea) | 150-Large Fab - Welded Assy-1 | F129884                |      |
| D4365-043                                                                                                                                                                                                                                                                                                                                                              | Bar Weldment   | 2 pcs (1 ea) | 150-Large Fab - Welded Assy-1 | 5217079                |      |
| <b>Job Allocations</b>                                                                                                                                                                                                                                                                                                                                                 |                |              |                               |                        |      |
| Operation                                                                                                                                                                                                                                                                                                                                                              | Component Part | Required     | Inventory                     | Allocated              |      |
| 150-Large Fab - Welded Assy-1                                                                                                                                                                                                                                                                                                                                          | D4364-3        | 2            | 9                             | 0                      |      |
|                                                                                                                                                                                                                                                                                                                                                                        | D4365-043      | 2            | 11                            | 0                      |      |
| <b>Part Specifications</b>                                                                                                                                                                                                                                                                                                                                             |                |              |                               |                        |      |
| Specifications could not be found.                                                                                                                                                                                                                                                                                                                                     |                |              |                               |                        |      |

Plex 10/7/19 11:00 AM Dart.lajeunesse.marie



Entered: \_\_\_\_\_ Date: \_\_\_\_\_

# WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|--|
| Job: _____<br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>DISPOSITION</b><br>Rework <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Scrap <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | <b>DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Machining <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Large Fab <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Cross tube <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Small Fab <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Finishing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Eng. (Non-AW) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Engineering <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Water Jet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Supplier <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Quality <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | MRB (QS1042) |  |
| Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Sequence #: _____                                                                                                                                                                                                                                                                   |  | QTY Affected: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | MRB (QS1042) |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                     |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |              |  |
| Root Cause<br>Operator <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Handling/Preservation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Material <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Product Improvement <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Process Improvement <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Human Factors <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |                                                                                                                                                                                                                                                                                     |  | <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                     |  | Contamination <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>BOM/Route <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Incomplete/Unclear Instructions <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Fit/Function <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                     |  | Pressure/Forced <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Bending <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Crushing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Cracks <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave/Twist <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Mislabeled <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                     |  | Power Loss/Surge <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Folio/Program <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Grain Direction <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Weld <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Off-set/Set-up <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |              |  |
| Other/Details: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                     |  | Positioned Wrong <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Outside Tolerance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Drawing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Finish <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Misread <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |              |  |
| Completed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                     |  | Lead hand / Supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |              |  |
| QC / QA Coordinator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                     |  | QC / QA Coordinator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |